REPORT OF THE QUALITY AND PROVIDER ADVISORY COMMITTEE TO THE SUSTINET BOARD OF DIRECTORS

July 1, 2010

I. Executive Summary

The Healthcare Quality and Provider Advisory Committee (HQPAC) was established to advise the SustiNet board of directors on matters related to health care quality, safety, cost and provider payment. The committee, through a collaborative process, has developed recommendations in each of these areas. The committee believes that SustiNet offers the opportunity to provide high-quality, safe health care to its covered population through an efficient and effective model of care delivery. The SustiNet board should take care to incorporate the following elements in the SustiNet design:

- Use of evidence-based standards of care;
- Use of recognized quality metrics for quality measurement and provider feedback;
- Effective cost control through a combination of payment design and delivery system redesign that promote provider accountability for costs and reduce unnecessary care;
- Ongoing oversight of and advisement on quality, safety and payment by standing committees;
- Support for providers through health information technology, implementation of the medical home model and payment for better, more efficient care management.

II. Purpose and mission of this Committee

Public Act No. 09-148: AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN, directed the Healthcare Quality and Provider Advisory Committee (HQPAC) to advise the SustiNet board of directors on four issues related to the design of SustiNet:

- Procedures that require or encourage providers to engage in reviews of their quality of care and to develop plans for quality improvement;
- Adoption of clinical care and safety guidelines;
- Hospital safety standards; and
- Quality and safety recommendations that will help slow the growth of per capita health care spending.

In addition, the SustiNet board asked the committee to recommend a payment approach through which SustiNet would pay health care providers.

III. Members

The members of the Healthcare Quality and Provider Advisory Committee are:

Margaret Flinter (co-chair)
Vice President and Clinical Director
Community Health Center, Inc.

C. Todd Staub (co-chair)
Chairman
ProHealth Physicians

Paul Grady (liaison to the SustiNet board of directors)
Principal
Mercer

Clarice Begemann
Fair Haven Community Health Center

Mark Belsky (need affiliation or organization? Mark is with St.Francis PHO I think – probably in Collins Medical Group. He has a leadership role

Tina Brown-Stevenson
Senior Vice President of Analysis, Research and Innovation Group
Ingenix

Francois de Brantes
CEO
Bridges to Excellence

Jane Deane Clark
Vice President, Data Service
Connecticut Hospital Association

Teresa Dotson
CT Dietetic Association Representative
Nutrition Solutions for Life, LLC

Kevin Galvin
Owner
Connecticut Commercial Maintenance, Inc.

Lynne Garner
President & Trustee
Donaghue Foundation

Kathy Grimaud
CEO
Community Health and Wellness Center of Greater Torrington

Claudia Gruss
Senior Partner
Arbor Medical Group

William Handelman
Attending Physician and Associate Director Dialysis Unit
Charlotte Hungerford Hospital

Jerry Hardison
Connecticut Association of Optometrists

Alison Hong
Director, Quality and Patient Safety
Connecticut Hospital Association

Rodney Hornbake
Internal Medicine and Geriatrics

Mike Hudson
Northeast Region Head, Healthcare Delivery
Aetna

Bryte Johnson
American Cancer Society

Pieter Joost van Wattum
Medical Director
Clifford W. Beers Guidance Clinic

Steve Karp
Executive Director
National Association of Social Workers, Connecticut Chapter
& Health Care for All Coalition

Willard Kasoff
Resident
Yale-New Haven Hospital Department of Neurosurgery

William Kohlhepp
Director, PA Program Pre-Professional Phase
Quinnipiac University

Rick Liva
Managing Director
The CT Center for Health

Sarah Long,
Family Nurse Practitioner
Community Health Center of Enfield
CHC, Inc.

Robert McLean
American College of Physicians, Connecticut Chapter Governor

Thomas Meehan
Chief Medical Officer
Qualidigm

Matt Pagano
Connecticut Chiropractic Association

Sara Parker McKernan
Legislative Liaison
Legal Assistance Resource Center of CT, Inc.

Marcia Petrillo
CEO
Qualidigm

Jean Rexford
Executive Director
Connecticut Center for Patient Safety

Linda Ross
Christian Science Committee on Publication for Connecticut

Jody Rowell
Advocate and Clinical Social Worker

Robert Scalettar

Christine Shea Bianchi
Staywell Health Center

Nelson Shub, M.D.

Arthur Tedesco
CFO, Retired
Danbury Hospital

Mark Thompson
Executive Director
Fairfield County Medical Association

Richard Torres
Chief Medical Officer
Optimus Health Care, Inc.

Joseph Treadwell
Foot & Ankle Specialists of CT

Victoria Veltri
General Counsel
State of Connecticut
Office of the Healthcare Advocate

Jeff Walter
Rushford Center

IV. Methodology

The HQPAC met seven times from December 2009 through June 2010. Two meetings were devoted to each of the committee's three areas of focus: payment, quality and safety. A free and open discussion among all members was used in a consensus-building model to articulate general principles and specific goals for SustiNet. The accumulated expertise and experiences of the committee members was used as the basis for arriving at consensus recommendations, with several relevant articles from the literature used to supplement discussion.

The outline presented June 2, 2010 and this report were drafted by a core writing group and revised after commentary periods open to the entire committee.

V. Statement of the problem as defined by this Committee

The committee sought to use current evidence, as illustrated by already-existing examples of state-level health-care reform (e.g. in Massachusetts), as a model for SustiNet's structure and goals. We also reviewed data from the Commonwealth Fund and the Dartmouth Atlas. These data show that Connecticut ranks high, relative to other states, in terms of access to care (3rd in the nation), but much lower in terms of avoidable hospital use and costs (32nd in the nation). In addition, data from the Kaiser Family Foundation showed Connecticut to have per capita health care costs in 2004 of $6,344, relative to a national average of $5,283. This suggests that we in Connecticut could do much to reduce waste and improve care coordination within our health care system. We believe that this can be accomplished without compromising health care quality.

VI. Goals and Principles

As a starting point for its deliberations, the committee developed statements regarding our shared goals and principles for improved quality and safety, reduced costs and payment methodologies. These are listed below.

Goal for quality and safety

- To facilitate high-quality, safe, high-value care

Principles for quality and safety

- Care should be should be designed and structured to achieve agreed upon evidence-based standards that meet the overall needs of the population while maintaining necessary flexibility to meet individual circumstances.

- Care should be coordinated among different providers and levels of care

- Accountability for quality and safety is a requirement for all providers at each level of care

- Quality should be measured. Measures should be:
    - Meaningful, already validated and evidence-based
    - Reflective of both process and outcome
    - Affordable, easy to implement, and easy to use for providers (facilitated by health information technology)
    - Comprehensive across levels of care
    - Include population-based as well as individual
- Measures should be transparent and public
- Measures should be actionable
- Data collection should allow for an assessment and comparison of quality across served populations, including by race/ethnicity, income and type of insurance coverage

Goals for safety in care delivery

- To provide maximum patient safety
- To build a culture of safety among all stakeholders

Principles for safety in care delivery

- Error prevention is the ideal
- Error reporting should be blame-free, protected, transparent, facilitated and linked to quality improvement
- Practices should simplify and standardize care processes as much as possible
- Communication and teamwork are critical for error prevention and recognition
- Patients and providers should be empowered to report errors or safety concerns
- The development of safety standards should focus on hospitals as a starting point, but should, to the extent possible, eventually apply to other settings, such as long-term care facilities, home care and physician practices.
- Transitions of care and other high risk areas should be specifically targeted for improvement

Goals for cost control

- Reduce and control growth in costs while maintaining quality through appropriate care

Principles for cost control

- Cost control must be achieved through a combination of price control and system redesign
- For cost control to be effective at reducing potential overtreatment and inappropriate utilization, providers must have liability protection if standards of care are met
- Cost control is the responsibility of all stakeholders, including providers, patients, payers and government
- Stewardship of plan resources through cost control is essential to optimize access, service, quality, and safety for all plan participants

Goals for payment systems and methodologies

- Use and assure reimbursement to improve quality and safety
- Use and assure reimbursement to improve access

Principles for payment systems and methodologies

- Reimbursement has limited positive incentive value and should be structured mainly to minimize negative incentives to providers
- Reimbursement must be redesigned to fund valued but currently nonreimbursed services within the medical home, including virtual visits, telephonic management, care coordination, case management and chronic disease state management
- Eliminate differentials in payment between Medicare, Medicaid and commercial payers
- Accountability by providers for the quality and safety of services, and access to of the care provided
- Accountability for financial outcomes, such as those related to avoidable hospital admissions and unnecessary specialty services
- Transparency
- Fair balance between providers and payers
- Encourage patient accountability
- Protect consumers
- Recognize that there are different levers to use in reimbursement strategies; a single method is likely to be ineffective. There are elements within health care that respond to fee for service, as there are elements of healthcare that response to global payments or pay for performance strategies.

VII. Recommendations

The committee also developed specific recommendations for each of our areas of focus, and those are listed below.

Recommendations related to quality assessment and improvement and clinical care and safety guidelines

1. Create two standing Clinical Standards Committees – one to advise SustiNet on quality and payment and one to advise on safety. The responsibilities of the committees will intersect, and there should be regular communication between the committees on common areas of responsibility and mutual concern. These committees should be representative of all participating provider groups, to conduct ongoing reviews of best practices and establishment/adjustment of disease-specific, evidence-based clinical guidelines and should promote education and sharing of best practices. The committees also should reflect the diversity in Connecticut's population, in terms of race and ethnicity.
2. Identified guidelines will become the basis for quality measures. In identifying guidelines, the committees will embrace the goals of efficient and safe care. The committees should focus first on areas of clinical care that offer the greatest potential for cost savings and for individual and population health.
3. SustiNet should use evidence-based practice standards that have already been promulgated and nationally-endorsed quality measures that have been appropriately vetted.
4. Communication with all appropriate specialties and sub-specialties will be critical to identifying guidelines that are acceptable to all providers.
5. The patient-centered medical home model should be used to coordinate care. The medical home model should fully embrace the skills and resources of all participating providers as detailed in CT state statutes.
6. Quality measurement should be based on the best available data, whether claims data, electronic medical record (EMR) data, or point-of-service measurements.
7. Quality measures and clinical guidelines should be integrated with EMRs so as to be automatic.
8. These recommendations should be integrated into the design of SustiNet's health information technology early in the design process.
9. Quality measurement should capture inpatient, outpatient, long-term, home care and hospice care.
10. A central database will need to be maintained for population-, patient- and provider-level quality data.
11. Payment-for-measurement might be used as a first step with providers (as with PQRI in Medicare).
12. Quality measures should be disseminated to the public, to providers, and to SustiNet

a. Which measures should be available to which parties, and at what level of reporting, will need to be established
b. Composite measures that summarize quality measures may be more useful for public reporting and to help patients evaluate care
c. More detailed reporting will be needed for the purpose of quality improvement by providers

13. Educational resources should be available to support physicians and other providers in the areas of quality and safety, particularly to support adoption and diffusion of innovations that promote patient safety.
14. Quality measurement for nonmedical and alternative services should be as stringent as that used for medical services but also consistent with the patient's desire to utilize a nonmedical form of treatment, and also should be based on nationally-recognized standards and measures, if available.
15. Evaluation and reporting of quality measures must take into account the demographics of the patient population served by each provider.
16. Sustinet should develop a central resource for all providers that will:
    a. Provide access to practice management opportunities and clinical programs for practice efficiencies and HIE options
    b. Provide patient educational resources for provider use and patient web access
    c. Promote the proper use of HIE to ensure real-time access to patient data by providers with the goal of providing safe and efficient care

Recommendations regarding safety

The original charge to this committee was to address standards for hospital safety. However, the committee's discussion ranged well beyond hospital safety, and we agreed that SustiNet should be concerned with safety in all care settings.

1. Separate standing quality and safety committees should be established as on-going elements of SustiNet. The responsibilities of the committees will intersect, and there should be regular communication between the committees on common areas of responsibility and mutual concern. Each of these must include consumer representatives and be focused on changing the culture of care as well as the specifics of quality and safety.
2. SustiNet should use existing safety guidelines and safety measures already being reported by hospitals and other providers wherever possible to avoid duplicate efforts..
3. Safety measures should be prioritized to the areas of maximum vulnerability, such as medication errors and system failures in the transtransitions of care
4. Patient advocates should be represented in all care settings.
5. Institutional safety data (including adverse events) should be transparent and made public.
6. Safety data for individual providers should be collected by SustiNet and provided confidentially to providers.
7. Providers should have access to interpreters for non-English speaking patients at all times, either telephonic or in person.

Recommendations regarding cost control

1. SustiNet should engage with coalitions of employers and other payment stakeholders aligned to reduce costs. Coalitions should examine best practice standards and cost-benefit studies as a decision factor in developing recommendations regarding specific cost control measures.
2. Cost-saving measures should be introduced into SustiNet from its inception.
3. SustiNet should identify and secure Federal funding to support at least initial efforts of this work.
4. SustiNet should develop a policy to disclose and minimize financial conflicts of interest.
5. Industry detailing should be countered with academic detailing,
6. SustiNet should promote the formation of provider organizations willing and able to be accountable for quality and financial outcomes of care provided.

Recommendations regarding payment systems and methodologies

1. New models must be explored and incorporated toward the goal of creating alternatives to fee-for-service as the dominant reimbursement model. The proposed model must be fair to both payers and providers, transparent and patient-centered. This model may be a blend of global payments, episode-based payments and limited FFS.
    a. This should include at least pay-for-reporting or partial pay-for-performance
    b. P4P should recognize both achievements relative to specific targets and improvement relative to baseline performance
    c. Provider organizations should be accountable not only for quality but also for organizational structures and financial outcomes strongly associated with higher quality. These include enhancing access to primary care services and reducing avoidable hospital admissions and unnecessary specialty services.
2. Reimbursement should be tied to best practices identified above to consistently recognize providers and treatments based on clinical standards.
3. SustiNet reimbursements (including those for Medicaid and other low-income groups) should be brought in line with Medicare and commercial insurance rates.
4. SustiNet should provide clear and public formulas for reimbursement, including risk-stratification.
5. Reimbursement should include prevention, counseling, care coordination and cognitive activity, especially by PCPs, as in the Patient-Centered Medical Home model.
6. Reimbursement should recognize providers who care for high numbers of at-risk, special need and/or disadvantaged populations.

VIII. What needs to happen to make this a reality?

SustiNet should become part of a larger effort among stakeholders within the state to agree on high level principles of delivery system reform and develop an action plan for implementing agreed-upon reforms. SustiNet is far more likely to be successful if the state's entire delivery system adopts similar reforms for quality, safety and reimbursement. The value of reducing the complexity of the current environment and creating alignment around a common set of principles cannot be overstated.